

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

DIVISION

CIVIL COMPLAINT

Defendants

Kansas University Hospital and
Medical Center, Naveen Khanzada,
Naveen Penmasta, Julie Hirsh-Bohs,
et. al,

Enter above the full name of Plaintiff or Plaintiffs in this action

VS.

Walter P. Walker - Plaintiff
Prose

Enter above the full name of Defendant or Defendants in this action

CASE NO. _____

I. Parties to this Civil Action

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any, on back side of this sheet.)

A. Name of Plaintiff Walter P. Walker

Address 2545 Drury Avenue
Kansas City, Missouri 64127
785-608-4523

B. Name of Defendant(s) Kansas University Hospital and
Medical Center, Naveen Khanzada,
Naveen Penmasta, Julie Hirsh-Bohs, et. al,

II. Statement of Claim

(State here as briefly as possible the facts of your claim. Describe how each named defendants is involved. Include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of **related** claims, number and set forth each claim in a separate paragraph. [Use as much space as you need to state the facts. Attach extra sheets if necessary.]

Unrelated separate claims should be raised in separate civil actions.)

Dr. Naveen Khanzada was an acting Psychiatrist in an
internship position of The Kansas University Hospital
and Medical Center Outpatient Psychiatric Dept. in
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psychiatric patient & at the time this alleged claim/or claims took place, Dr. N. Khanzoda was acting under color of state statute at the time this claim arose. Kansas University Hospital and Medical Center is state and federal funded and is therefore overall responsible for the actions, omissions, policies, etc. performed via any and all employees, and/or affiliates. At no time did the plaintiff have any behavioral problems while visiting Dr. Khanzoda.

Defendants have made false claims against the plaintiff while and/or during any given business entity within The Kansas University Med. Center and Hospital.

Violation of plaintiff's rights include but are not limited to; 1, Persons with Disability Act, 2, Mal-Practice, 3, Abandonment via a psychological team, etc, etc.

Please the attached on page letter from K.U. and those forwarded only months ago, signed via Dr. Naveen Parmasta, and Dr. Naveen Khanzoda. This said letters contradict one another and should be viewed in order to find Justice... Concluded

III. Relief

State briefly exactly what you want the Court to do for you.

Approve an Order in the plaintiff's favor
granting him the right to continue services
in compensatory and Punitive Money Damages = 5.6 mil. -
- 5.4 Million Dollars,

Make no legal arguments. Cite no cases or statutes.

IV. Do you claim the wrongs alleged in your complaint are continuing to occur at the present time?

Yes ☒ No ☐

V. Do you claim actual or punitive monetary damages for the acts alleged in your complaint?

Yes ☒ No ☐

If you answered yes, state the amounts claimed and the **reasons** you claim you are entitled to recover money damages

As my long time psychiatric caretakers, coupled
with the actions of Dr. Paramarta, I believe I am
eligible to receive punitive monetary damages, 5.6 Million

VI. Counsel

Do you have an attorney to represent you in this civil action?

Yes ☐ No ☒

A. Have you made any effort to contact a private attorney to determine if he or she would represent you in this civil action?

Yes ☒ No ☐

B. If you answered yes, state the names and addresses of the attorneys contracted, and give the results of those efforts.

C. If you answered no, state your reasons why no such efforts have been made.

VII. Administrative Procedures

A. Have the claims which you make in this civil action been presented through any type of Administrative Procedure within any government agency?

Yes ☒ No ☐

B. If you answered yes, state the date your claims were so presented, how they were presented, and the result of that procedure.

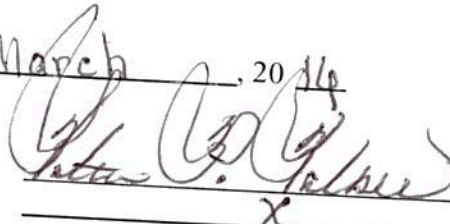
A patient relations representative Mrs. Haus/Bohns
has ~~been~~ knowingly keep records, reports
that will show defendants violate

C. If you answered no, give the reasons, if any, why the claims made in this action have not been presented through Administrative Procedures.

VIII. Jury Demand

Do you request a jury trial? Yes ☒ No ☐

Signed this 14th day of March, 20 16



Signature of Plaintiff or Plaintiffs

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ _____ Weekly \$ _____

Gross Income: Monthly \$ _____ Weekly \$ _____

III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes _____ No ☒

If yes - Description: _____

Address: _____

In whose name? _____

Estimated value: _____

Total amount owed: _____

Owed to: _____

Annual income from property: _____

B. Owner of automobile: Yes _____ No ☒

If yes - Number of automobiles owned: _____

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

In whose name registered? _____

Present value: _____

Amount owed on the automobile(s): _____

Owed to: _____

Monthly payment(s): _____

C. Cash on hand: (Include checking and savings accounts)

\$ ☒ _____

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

None

II. EMPLOYMENT

- A. Name of employer: _____

Address of employer: _____

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ _____ Weekly \$ _____

Gross Income: Monthly \$ _____ Weekly \$ _____

Does employer provide health insurance: Yes _____ No _____

If employer provides health insurance, describe coverage: _____

- B. Previous employment (Answer only if presently unemployed)

Name of employer: _____

Address of employer: _____

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ _____ Weekly \$ _____

Gross Income: Monthly \$ _____ Weekly \$ _____

- C. Employment of spouse:

Name of employer: _____

Address of employer: _____

List names and addresses of banks and associations: None

Please do not state account numbers.

- D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends?	—	✓
Pensions, trust funds, annuities or life Insurance payments?	—	✓
Gifts or inheritances?	—	✓
Welfare Payments?	—	✓
ADC or other governmental child support?	—	✓
Unemployment benefits?	—	✓
Social Security Benefits	✓	—
Other sources?	—	✓

- E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

S.S.D.I and S.B.I., \$446.00 / \$297.00
Totaling \$743.00 each month.

IV. OBLIGATIONS

A. Monthly rental on house or apartment: Ø

B. Monthly mortgage payments on house: Ø

Amount of equity in house: Ø

C. Monthly mortgage payments on other properties: \$ Ø

Amount of equity in other properties: \$ Ø

D. Household expenses: \$300.00 to \$400.00 monthly

Monthly grocery expense: \$200.00 Monthly

Monthly utilities:

Gas: Ø

Electric: Ø

Water: Ø

Other: (Specify) Ø

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE
S.I.T. \$20.00 monthly due to an "Overpayment"		

V.

OTHER INFORMATION PERTINENT TO FINANCIAL STATUS

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

None